

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 02/05/02?
b. The request was received on 05/14/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFA
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The provider did not submit the additional documentation required by Rule 133.307 (g)(3). Therefore, the Division could not forward a copy of the additional documentation to the carrier, per Rule 133.307 (g)(4). The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file and the Commission shall issue a decision based upon the request.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 02/05/02.
2. The carrier's EOB has the denial, "G – ACCORDING TO THE AAOS GLOBAL DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
02/05/02	63030-20	\$4980.00	\$3035.00	G	\$3793.75 (25% above the MAR due to the -20 modifier)	Global Service Data for Orthopaedic Surgery, 1994; MFG, CPT & modifier descriptors	<p>The descriptor for modifier -20 states, "Microsurgery: When surgical services are performed using the techniques of microsurgery and requiring the use of an operating microscope, add modifier '-20' to the procedure code. Modifier '-20' is not to be used when a magnifying surgical loupe is used, whether attached to the eyeglasses or on a headband, and no additional reimbursement is provided. DOP is required, and reimbursement shall be set at 25% above MAR." The Global Service Data for Orthopaedic Surgery, 1994 includes in the global service package for the procedure code, "use of magnification and/or headlamp illumination.</p> <p>The provider did not bill for a surgical loupe, which would be considered global. The operative report indicates that the provider properly billed for his use of an operating microscope. Therefore, additional reimbursement of \$758.75 is recommended.</p>
Totals		\$4980.00	\$3035.00				The Requestor is entitled to additional reimbursement in the amount of \$758.75.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$758.75 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25th day of October 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division